

NOTIFICATION OF PERSONNEL ACTION
(Employee-See General Information on Reverse)

4. SOCIAL SECURITY NO.

1. NAME (CAPS) LAST-FIRST-MIDDLE

MR.-MISS-MRS.

2. (FOR AGENCY USE)

3. BIRTH DATE
(mo., day, year)

GRUNDLER, CHRISTOPHER H.

MR.

(b) (6)

5. VETERAN REFERENCE

3-10 PT. DISAB.

5-10 PT. OTHER

4-10 PT. COMP.

6. TENURE GROUP

3

(b) (6)

9. FEGLI

(b) (6)

1-COVERED (REGULAR ONLY - DECLINED OPTIONAL)

2-INELIGIBLE

3-WAIVED

4-COVERED (REG. AND OPT.)

10. RETIREMENT

2

1-CS

3-FS

5-OTHER

2-FICA

4-NONE

SC USE)

12. CODE

NATURE OF ACTION

108

TERM APPT NTE 03-31-84

13. EFFEC. DATE
(mo., day, year)

10-05-80

14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY

DPM DIRECT HIRE DWA-PE-0-5573

15. FROM: POSITION TITLE AND NUMBER

16. PAY PLAN AND
OCCUPATION CODE

17. GRADE STEP
(A) OR (B) OR
LEVEL RATE

18. SALARY

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER

HD-349

21. PAY PLAN AND
OCCUPATION CODE

22. GRADE STEP
(A) OR (B) OR
LEVEL RATE

23. SALARY

ENVIRONMENTAL ENGINEER

GS 00819 (31)

07 01

PA \$19747

24. NAME AND LOCATION OF EMPLOYING OFFICE 53035009

EPA, AA FOR WATER & WASTE MGMT, DAA FOR WTR REGULATNS & STNDRS,
MNTNG & OTA SPRT DIV, MONITORING BRANCH, WASHINGTON, D. C.

25. DUTY STATION (City - County - State)

WASHINGTON, D. C.

26. LOCATION CODE

11-0010-001

27. APPROPRIATION

A53289002

28. POS. OCCUPIED

1-COMPETITIVE SERVICE

1

2-EXCEPTED
SERVICE

29. APPORTIONED POSITION

FROM:

TO:

STATE

1-PROVED-1
2-WAIVED-2

30. REMARKS: EMPLOYMENT IS SUBJECT TO COMPLIANCE WITH THE INTERIOR DEPARTMENT PATENT REGULATIONS

EXCEPTION TO MERIT PROMOTION PLAN.

EMPLOYMENT TERMINATES WHEN THE LIMITATION (OR THE EARLIEST IF MORE
THAN ONE) IS REACHED. THERE IS NO AUTHORITY TO PAY FOR SERVICE THEREFROM
WITHOUT APPROPRIATE PERSONNEL ACTION.

SUBJECT TO COMPLETION OF 1 YEAR TRIAL PERIOD COMMENCING 10-05-80

SPECIAL RATE UNDER 5 U.S.C. 5303.

EXEMPT - FAIR LABOR STANDARDS ACT.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

10-06-80

34. SIGNATURE (Or other authentication) AND TITLE

32. OFFICE MAINTAINING PERSONNEL FOLDER

(If different from employing off.)

ENVIRONMENTAL PROTECTION AGENCY
HEADQUARTERS PERSONNEL MGMT. DIV
WASHINGTON, D.C. 20460

CHARLES B. COLLINS, CHIEF, PROCESSING
AND RECORDS UNIT, PERS. MGMT. DIV.

33. CODE

EMPLOYING DEPARTMENT OR AGENCY

35. DATE

36. Submitting Office No.

EP 00

ENV

16



Objective Environmental engineer/planner in a high powered, fast-track progressive group concerned with environmental quality----- particularly where an analytical approach, efficient organization and an environmental sensitivity are needed to insure an exceptional product.

Education BSE Civil Engineering. Concentration: Environmental and Water Resources Engineering. University of Michigan 1980. ASCE. Theta Xi. Fraternity football coach and team captain. Earned all expenses.

Served as field coordinator for USEPA research project on Lake Huron. Supervised collection and analysis of samples, conducted special ecological studies, coordinated data between field and modeling staff, worked with local municipality officials, wrote periodic reports.

Primary Gain: Experience and confidence which results from holding a position of responsibility. Project management and operating efficiency---learned how to budget time and tasks for optimum utilization. Ability to illicit cooperation from others (including occasionally an irate wastewater treatment plant employee). Participation in all aspects of project--- from sample analysis to model sensitivity analysis. Jan79-Oct80

Research Assistant at U-M Coastal Zone Laboratory. Participated in feasibility analysis on expansion of Detroit's urban waterfront. Position involved attending city and planning commission meetings, coordinating data between task force member groups, and the development of expansion techniques. Also worked on a coastal erosion study on Lake Michigan. Feasibility of community shore protection device was examined.



Primary Gain: Insight to urban and land-use planning. Exposure to the workings of local governmental agencies. Introduction to political ramifications which continuously must be considered. Jan79-May79.

Undergraduate Teaching Assistant for Civil Engineering department, U-M. Assisted professor in teaching introductory class in Surveying. Helped students in the field laboratory with questions, use of instruments, and equipment handling. Graded field/lab notebooks containing field notes and solutions to assigned problems.

Primary Gain: Developed teaching and communication skills.

Personal
data

(b) (6)

Other
facts

Publications: "Modeling the Response of the Nuisance Alga, Cladophora glomerata, to Reductions in Phosphorous Loading"
(with Auer, Canale, and Matsuoka)

Proceedings, Int'l Symp. on Inland Water and Lake Restoration. Sept. 1980.

"Field Monitoring of Cladophora Growth Dynamics in Lake Huron."
(with Auer, Canale, and Matsuoka)

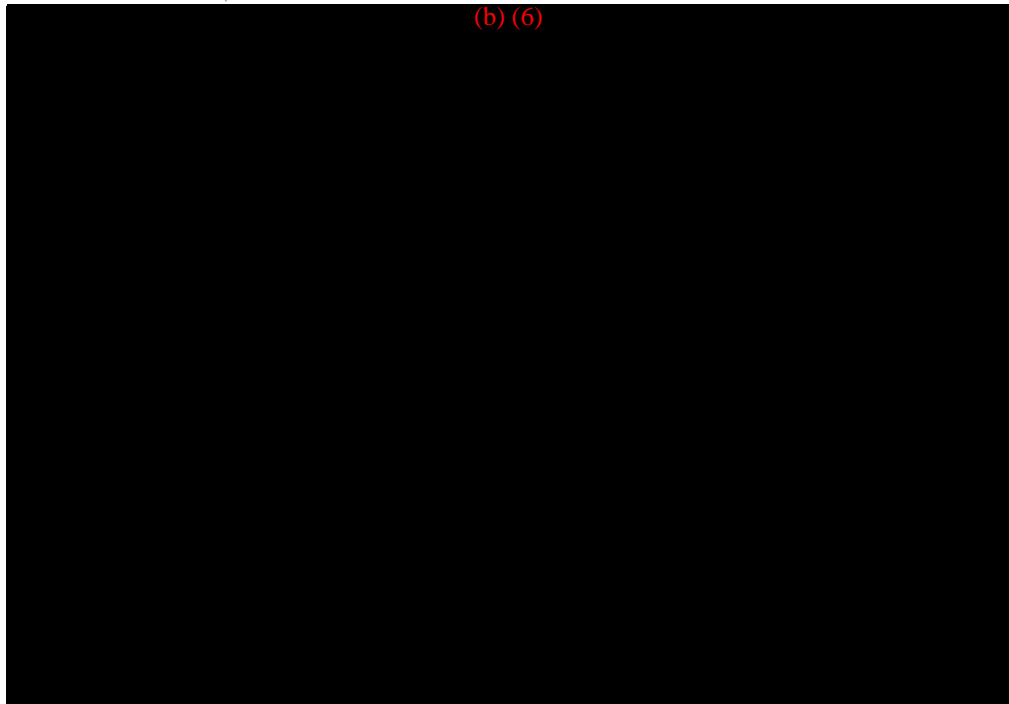
Proceedings, Symp. on Ecol. Studies of the Major Filamentous Algae of the Great Lakes. Journal of Great Lakes Research. Oct. 1980

Seek position with growth and learning potential...willing and anxious to accept responsibility...high energy and drive...successful in relationships with others...interest in international affairs...intend to continue studies.



(b) (6)

REFERENCES:



WASHINGTON, D.C. AREA OFFICE
P.O. BOX 52
WASHINGTON, D.C. 20044

1527

2

268

DATE ISSUED: SEPTEMBER 26, 1980

BATCH NUMBER: WA0059

(b) (6)

2) ☐

1) SOCIAL SECURITY NUMBER:

DATE ELIGIBILITY EXPIRES: SEPTEMBER, 1981

MR. HANS C. GRUNDLER

(b) (6)

Your Application for Federal Employment for the occupation shown below has been processed and is on file with the Office of Personnel Management. This notice provides information contained in your record as it appears in our file. You should carefully review this information to assure that it is correct. If any information is incorrect or has changed since you submitted your application, use the back of this form to notify the area office shown above. Your qualifications and any veteran preference claimed are subject to verification. Refer to the enclosed Explanation of Notice of Results for important information regarding your eligibility and interpretation of ratings and message codes.

3) DATE OF AVAILABILITY: SEPTEMBER 26, 1980

4) FULL-TIME EMPLOYMENT: YES

5) PART-TIME EMPLOYMENT: 25 TO 32 HOURS PER WEEK.

6) TEMPORARY EMPLOYMENT: 5 TO 12 MONTHS.

7) TRAVEL AVAILABILITY: 11 OR MORE NIGHTS TRAVEL PER MONTH.

8) GEOGRAPHIC PREFERENCE: (REFER TO YOUR GEOGRAPHIC CODE LISTING TO INTERPRET LOCALITY CODES)

ZONE OF FIRST PREFERENCE: WASHINGTON LOCATIONS= 01 02

ZONE OF ADDITIONAL AVAILABILITY IS NO LONGER USED.

ZONE OF ADDITIONAL AVAILABILITY: APPLY SEPARATELY TO EACH ZONE FOR CONSIDERATION.

9) VETERAN PREFERENCE: (b) (6)

OCCUPATIONAL SUPPLEMENT: 0800 PROFESSIONAL ENGINEERING

SPECIALTIES

GRADE	ENVIR ENGR 350	ENVIR ENGR SPLTY 355	ENVIR ENGR SPLTY 357	ENVIR ENGR SPLTY 358
GS-7	92.0	92.0	97.0	92.0
GS-6	IF	IF	NR	IF

SEE MESSAGE CODE

ML



Folder Side: Temporary

Name: GRUNDLER, HANS CHRISTOPHE

Account Number: (b) (6)



REQUEST FOR PERSONNEL ACTION

1. Actions Requested Reassignment		2. Request Number OAR-13-S001															
3. For Additional Information Call (Name and Telephone Number) Barbara Morris, 202-564-1666		4. Proposed Effective Date															
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Elizabeth Shaw Deputy Asst Admin <i>Elizabeth Shaw</i> 10/17/12 11/28/2000		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) Gina McCarthy Asst Administrator <i>Gina McCarthy</i> 10/17/12															
1. Name (Last, First, Middle) Grundler, H. Christopher		2. Social Security Number (b) (6)															
5-A. Code 5-B. Nature of Action 721 Reassignment		6-A. Code 6-B. Nature of Action															
5-C. Code 5-D. Legal Authority VSM 6 USC 3395(a)(1)(A)		6-C. Code 6-D. Legal Authority															
5-E. Code 5-F. Legal Authority		6-E. Code 6-F. Legal Authority															
7. FROM: Position Title and Number Deputy Director, Office of Transportation and Air Quality		15. TO: Position Title and Number Director, Office of Transportation and Air Quality															
8. Pay Plan ES	9. Occ. Code 0801	10. Grade or Level 00	11. Step or Rate 00	12. Total Salary \$179,700	13. Pay Basis PA	16. Pay Plan ES	17. Occ. Code 0801	18. Grade or Level 00	19. Step or Rate 00	20. Total Salary/Award \$179,700	21. Pay Basis PA						
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay			
14. Name and Location of Position's Organization Office of Air and Radiation Office of Transportation and Air Quality Immediate Office, Deputy Office Director 64012101						22. Name and Location of Position's Organization Office of Air and Radiation Office of Transportation and Air Quality Immediate Office											
23. Veterans Preference (b) (6)						24. Tenure 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite						25. Agency Use					
26. Veterans Pref for Hlt (b) (6)						27. FEGLI (b) (6)						28. Annuitant Indicator					
30. Retirement Plan (b) (6)						31. Work Schedule (b) (6)						33. Part-Time Hours Per Biweekly Pay Period					
34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career						35. FLSA Category E - Exempt N - Nonexempt						36. Appropriation Code NO CHANGE					
37. Bargaining Unit Status						38. Duty Station Code						39. Duty Station (City - County - State or Overseas Location)					
40. Agency Data						41.						42.					
43.						44.						45. Educational Level					
46. Year Degree Attained						47. Academic Discipline						48. Functional Class					
49. Citizenship 1 - USA 8 - Other						50. Veterans Status						51. Supervisory Status S					
1. Office/Function						Initials/Signature						Date					
A.						<i>ES</i>						11/20/12					
B. PSB																	
C.																	
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature						Approval Date					



(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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ACKNOWLEDGMENT OF SES REASSIGNMENT

This is to acknowledge receipt of this letter informing me of my reassignment to the SES position of Director, Office of Transportation and Air Quality located in the Office of Air and Radiation; Ann Arbor, MI.

I wish to:

_____ wait the full 15 work day notice period prior to this reassignment. (please check block)

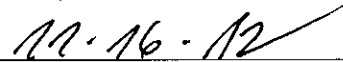
I wish to:

_____  waive the 15 work day notice period and have the reassignment effective November 18, 2012. (please check block)

Signature:

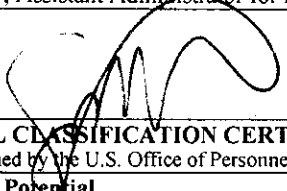
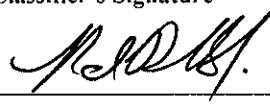
 _____

Date:

 _____

Please fax a signed copy to Howard Barnett at (202) 564-9612.



United States Environmental Protection Agency POSITION DESCRIPTION COVERSHEET		1. DUTY LOCATION Ann Arbor, MI		2. POSITION NUMBER EPES00126	
3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Classify this Position					
Official Allocation	b. Title Director, Office of Transportation and Air Quality	c. Pay Plan ES	d. Series 0801	e. Grade 00	f. CLC
4. Supervisor's Recommendation	Director, Office of Transportation and Air Quality	SES	0801		
5. ORGANIZATIONAL TITLE OF POSITION (if any)			6. NAME OF EMPLOYEE		
7. ORGANIZATION (Give complete organizational breakdown)			e.		
a. U.S. ENVIRONMENTAL PROTECTION AGENCY			f.		
b. Office of Air and Radiation			g.		
c. Office of Transportation and Air Quality			h. Employing Office Location Washington, DC		
d. Immediate Office			i. Organization Code 64011006		
8. SUPERVISORY STATUS					
<input checked="" type="checkbox"/> [2] Supervisor or Manager. Position requires the exercise of supervisory or managerial responsibilities that meet, at least, the minimum requirements for application of the General Schedule Supervisory Guide (GSSG) or similar standards for minimum supervisory responsibility specified in other position classification standards. <input type="checkbox"/> [4] Supervisor. Position meets the definition of Supervisor in 5.U.S.C. 7103(a)(10), but does not meet the minimum requirements for application of the GSSG. <input type="checkbox"/> [5] Management Official. Position meets the definition of Management Official in 5.U.S.C. 7103(a)(11), but does not meet the GSSG definition of Supervisor/Manager or the definition of Supervisor in 5.U.S.C. 7103(a)(10). <input type="checkbox"/> [6] Lead Position leads a team performing one-grade interval work and meets the minimum requirements for application of Part I of the Work Leader Grade Evaluation Guide (WLGE) or is under a wage system and meets similar minimum requirements as specified by those job standards or other directives of the applicable pay system. <input type="checkbox"/> [7] Team Leader. Position leads a team performing two-grade interval work and meets the minimum requirements for application of Part II of the WLGE. <input type="checkbox"/> [8] All Other Positions. Position does not meet any of the above definitions. This is a non-supervisor/non-managerial position.					
9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.					
a. Typed Name and Title of Immediate Supervisor Gina McCarthy, Assistant Administrator for Air and Radiation			d. Typed Name and Title of Second-Level Supervisor		
b. Signature 		c. Date 10/17/12	e. Signature		f. Date
10. OFFICIAL CLASSIFICATION CERTIFICATION: I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.					
a. Promotion Potential <input type="checkbox"/> This position has no promotion potential <input type="checkbox"/> If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:					
b. PSB Risk Designation <input type="checkbox"/> 1 Low <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 High Security Clearance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Financial Disclosure Form <input type="checkbox"/> OGE-450 Required <input checked="" type="checkbox"/> OGE-278 Required <input type="checkbox"/> No financial disclosure forms required		d. "Identical, Additional" (IA) Allocation This position <input type="checkbox"/> may be IA'ed <input checked="" type="checkbox"/> may not be IA'ed <input type="checkbox"/> is limited to current incumbent	
		e. FLSA Determination <input type="checkbox"/> NONEXEMPT <input checked="" type="checkbox"/> EXEMPT* (*check exemption category) <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Executive		f. Functional Classification Code	
g. Bargaining Unit Code 6688	h. Check, if applicable: <input type="checkbox"/> Medical Monitoring Required <input type="checkbox"/> Extramural Resources Management Duties (___ % of time) <input type="checkbox"/> This position is subject to random drug testing (___)		i. Classifier's Signature 		j. Date 10/25/12
11. REMARKS					



DIRECTOR, OFFICE OF TRANSPORTATION AND AIR QUALITY

INTRODUCTION

The Office of Transportation and Air Quality (OTAQ) in the Office of Air and Radiation protects public health and the environment from harmful emissions from mobile sources of air pollution. These sources include passenger vehicles, commercial trucks and buses, off road machines and equipment, aircraft and marine vessels, and the fuels that power them. OTAQ exercises authority under the Clean Air Act, the Diesel Emissions Reduction Act, the Energy Policy and Conservation Act, and the Energy Independence and Security Act.

OTAQ functions include: conducting air quality assessment and modeling; establishing national emissions standards for vehicles, engines, and fuels; certifying new vehicles, engines, and fuels conformance with national standards; conducting certification and compliance testing of vehicles, engines, and fuels; developing relevant policies and guidance and assisting States with implementation; administering national grant programs for reducing harmful emissions; administering recall programs; evaluating technology; and operating the National Vehicle and Fuel Emissions Laboratory in Ann Arbor, Michigan.

MAJOR DUTIES AND RESPONSIBILITIES

The Director is responsible for administering all of the functions and responsibilities of the EPA's mobile source air pollution control programs, including planning, policy implementation, management, allocation of resources, procurement, and direction and control of the Office. The duties of the Director are listed below.

1. Directs the planning, implementation, and administration of OTAQ within the framework of governing legislation and policies. Establishes program objectives and formulates action plans. Defines new program needs and adjusts operations accordingly. Assures efficient utilization of resources. Develops necessary regulations adjusts programs and operations in response to new legislation.
2. Directs the coordination of assigned programs with other programs of the Agency; with Regional Offices; other Federal, State, and local government agencies; industry; and other groups and organizations. Provides technical and policy advice and information to top-level Agency personnel, other government agencies, representatives of industries and other groups and organizations. Represents the office on panels and committee meetings concerning areas of responsibility. Presents, justifies, and interprets the programs to top levels of authority within and outside the Agency, to Members of Congress, officials of other Federal and State and local agencies, representatives of industry, media, and others as required.



3. Oversees the management and operations of the National Vehicle Fuels and Emissions Laboratory.
4. Directs and manages the organization to accomplish assigned responsibilities and achieve objectives. Develops staffing plans and operating plans, establishes internal policies and procedures, allocates resources and resolves operational problems.
5. Exercises management and supervisory responsibility over staff members by making assignments and determining duties and priorities, evaluating employee performance, recommending incentives, initiating corrective actions, assuring operational safety and health, keeping employees informed, and counseling employees. Serves as Deputy Ethics Official for the Office of Atmospheric Programs.
6. Actively supports and advances the Agency's EEO plans and merit system principles and communicates this support to subordinates.
7. Ensures that all extramural resources are efficiently and appropriately managed to maximize the use of the Agency's resources. Ensures that managers of these resources comply with regulatory requirements and the Agency's policies and procedures, and that they appropriately develop competencies in their extramural resources management staff.
8. Demonstrates leadership and commitment to management integrity as a top priority in the organization consistent with the Federal Manager's Financial Integrity Act. Oversees the development, assessment, and improvement of management control systems to safeguard programs and achieve results. Takes timely corrective actions on all identified management weaknesses. Provides leadership in detecting emerging weaknesses in control systems. Supports a full disclosure policy for the organization that provides early detection of emerging control issues.

SUPERVISION

Receives general administrative and broad policy guidance from and reports to the Assistant Administrator, Office of Air and Radiation. Within the framework of Federal laws and Agency policies, work is performed with a maximum of independence, subject only to review for attainment of overall objectives and compliance with policies.



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Grundler,H. Christophe				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 10/09/2011															
FIRST ACTION						SECOND ACTION																	
5-A. Code 790		5-B. Nature of Action Realignment				6-A. Code		6-B. Nature of Action															
5-C. Code UNM		5-D. Legal Authority Reorganization Approved				6-C. Code		6-D. Legal Authority															
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number Dep. Dir., Ofc. Of Trans. And Air Qual. 003368 00013171						15. TO: Position Title and Number Dep. Dir., Ofc. Of Trans. And Air Qual. 003368 00013171																	
8. Pay Plan ES		9. Occ. Code 0801		10. Grade or Level 00		11. Step or Rate 00		12. Total Salary 179,700.00		13. Pay Basis PA		16. Pay Plan ES		17. Occ. Code 0801		18. Grade or Level 00		19. Step or Rate 00		20. Total Salary/Award 179,700.00		21. Pay Basis PA	
12A. Basic Pay 179,700.00		12B. Locality Adj. 0		12C. Adj. Basic Pay 179,700.00		12D. Other Pay 0		20A. Basic Pay 179,700.00		20B. Locality Adj. 0		20C. Adj. Basic Pay 179,700.00		20D. Other Pay \$0									
14. Name and Location of Position's Organization DeptID: 0000002480 Org Cd: 64012101 Environmental Protection Agency Asst Admr for Air & Radiation, OFFICE OF TRANSPORTATION & AIR QUALITY DEPUTY OFFICE DIRECTOR, IMMEDIATE OFFICE Ann Arbor MI USA						22. Name and Location of Position's Organization DeptID: 0000002480 Org Cd: 64012101 Environmental Protection Agency Asst Admr for Air & Radiation, OFFICE OF TRANSPORTATION & AIR QUALITY DEPUTY OFFICE DIRECTOR, IMMEDIATE OFFICE Ann Arbor MI USA																	
EMPLOYEE DATA																							
23. Veterans Preference (b) (6) None 3 - 10-Point/Disability 5 - 10-Point/Other 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 0 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				25. Agency Use 2		26. Veterans Preference for RIF (b) (6)											
27. FEGLI (b) (6)						28. Annuitant Indicator 9 Not Applicable				29. Pay Rate Determinant 0 0 Regular Rate													
30. Retirement Plan 1 CSRS				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time				33. Part-Time Hours Per 00 Biweekly Pay Period													
POSITION DATA																							
34. Position Occupied 3 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 8888													
38. Duty Station Code 26-0150-161				39. Duty Station (City - County - State or Overseas Location) Ann Arbor Washtenaw MI USA																			
40. Agency Data 001		41. (b) (6)		42.		43. V2M		44. PAR Number:															
45. Remarks Due to reorganization. This Position is Designated for Drug Testing (Position Code 'NS')																							
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official Human Resources Specialist																	
47. Agency Code EP00		48. Personnel Office ID 3216		49. Approval Date 10/09/2011																			



United States Environmental Protection Agency POSITION DESCRIPTION COVERSHEET		1. DUTY LOCATION Ann Arbor, MI		2. POSITION NUMBER <i>EPE5-1066</i>	
3. CLASSIFICATION ACTION: a. Reference of Series and Date of Standards Used to Clarify This Position					
	b. Title	c. Service	d. Series	e. Grade	f. CLC
Official Allocation	<i>Dep Dir, Ofc of Transportation & Air Quality</i>	<i>ES</i>	<i>801</i>		<i>OLA</i>
4. SUPERVISOR'S RECOMMENDATION	Deputy Director, Office of Transportation & Air Quality	ES	0801		
5. ORGANIZATIONAL TITLE OF POSITION (if any)		6. NAME OF EMPLOYEE <i>Christopher Brundage</i>			
7. ORGANIZATION (give complete organizational breakdown)					
a. U. S. ENVIRONMENTAL PROTECTION AGENCY		e.			
b. Office of Air & Radiation		f.			
c. Office of Transportation & Air Quality		g.			
d. Immediate Office		h. EPAYS Organization Code			
8. SUPERVISORY/MANAGERIAL DESIGNATION					
<p><input type="checkbox"/> [S] First or Second level supervisor: An individual who performs supervisory work and managerial responsibilities that require accomplishment of work through combined technical and administrative direction of others and meets the requirements for coverage as described in the General Schedule Supervisory Guide.</p> <p><input type="checkbox"/> [A] An individual (as defined in Section 7103(a)(10) of Title V of the U.S. Code) who is authorized to hire, direct, assign, promote, reward, transfer, lay off, suspend, discipline, or remove one or more employees, or effectively recommend such action. The exercise of this responsibility is not routine or clerical in nature, but requires the consistent exercise of independent judgment.</p> <p><input type="checkbox"/> [M] A manager who directs the work of an organization; is accountable for the success of line or staff programs; monitors, evaluates, and adjusts program activities; and performs the full range of duties outlined in the General Schedule Supervisory Guide. May also include deputies who fully share responsibility for managing the organization or who serve as an alter ego to the manager.</p> <p><input type="checkbox"/> [B] A management official (as defined in Section 7103(a)(11) of Title V of the U.S. Code) who formulates, determines or influences an organization's policies. This means creating, establishing, or prescribing general principles, plans, or courses of action for an organization; or bringing about a course of action for the organization. Management officials must actively participate in shaping the organization's policies not just interpret laws and regulations, give resource information or recommendations or serve as experts or highly trained professionals who implement or interpret the organization's policies and plans.</p> <p><input type="checkbox"/> [T] "Team Leader" This position meets the requirements for coverage under Part II of the Work Leader Grade Evaluation Guide.</p> <p><input type="checkbox"/> [N] None of the above applies. This is a non-supervisory/non-managerial position.</p>					
9. SUPERVISORY CERTIFICATION I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships and that the position is necessary to carry out governmental functions for which I am responsible. The certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such status or their implementing regulations.					
a. Typed Name and Title of Immediate Supervisor <i>Margo T. Oge, Director OTAQ</i>		d. Typed Name and Title of Second-Level Supervisor <i>Robert Perciasepe, Assistant Administrator, OAR</i>			
b. Signature <i>[Signature]</i>		c. Date		e. Signature <i>[Signature]</i> 10/23/00	
10. OFFICIAL CLASSIFICATION CERTIFICATION					
a. <input checked="" type="checkbox"/> This position has no promotion potential.		<input type="checkbox"/> If position develops as planned and employee progresses satisfactorily, this position has known promotion potential to grade:		b. Fair Labor Standards Act <input type="checkbox"/> Nonexempt <input checked="" type="checkbox"/> Exempt	
c. Functional Code <i>60</i>		d. Bargaining Unit Code <i>8888</i>		e. Check, if applicable: <input type="checkbox"/> Medical Monitoring Required <input type="checkbox"/> Extramural Resources Management Duties (___% of time) <input type="checkbox"/> This position is subject to random drug testing (___)	
f. Signature <i>Karen Stinson</i>		g. Date <i>12/17/00</i>			
11. REMARKS (none)					

EPA Form 3150-1 (Rev 1/99) (E-Forms 4.3)



DEPUTY DIRECTOR, OFFICE OF TRANSPORTATION AND AIR QUALITY (OTAQ)

INTRODUCTION

The OTAQ is responsible for mobile sources air pollution control functions of the Office of Air and Radiation (OAR). Activities include: characterizing emissions from mobile sources and fuels; developing national regulations, guidelines and criteria; assessing new technology; evaluating and certifying manufacturer's applications; performing tests of motors and fuels; developing inspection/maintenance programs and assisting the states in implementation; investigating alternative fuels; administering recall programs; enforcing fuel composition regulations; operating extensive research efforts and other related initiatives under the relevant laws.

MAJOR DUTIES AND RESPONSIBILITIES

As Deputy Director, serves as full deputy to the Director, Office of Transportation and Air Quality, (OTAQ), and shares fully in the administration of EPA's mobile source air pollution control programs, to include planning, policy implementation, management, allocation of resources, procurement, and direction and control of the Office. The duties of the Deputy Director are:

1. Directs the planning, implementation and administration of the OTAQ within the framework of governing legislation and policies. Establishes program objectives and formulates action plans. Defines new program needs and adjusts operations accordingly. Assures efficient utilization of resources. Responsible for development of necessary regulations. Responsible for program changes resulting from new legislation.
2. Guides coordination of mobile source air pollution control programs with other programs of the Agency, as well as other Federal, state, and local government agencies, industry groups, etc.
3. Provides technical advice and information concerning areas of responsibility to top-level Agency personnel, other agencies, industry representatives, and other groups and organizations. Represents the Office at panels or committee meetings concerned with area of responsibility. Presents and interprets programs to upper management of EPA and other government agencies, members of Congress, industry, the media, and others as required, to assure cooperation and acceptance of initiatives and recommendations.
4. Directs and manages the organization to accomplish assigned responsibilities and achieve objectives. Develops staffing patterns and operating plans, establishes internal policies and procedures, allocates procedures and resolves operational problems.



5. The Deputy Director personally directs the activities of a small staff assessing technology for control of emissions from mobile sources, developing technology development and exploring the benefits of alternative fuels.
6. Exercises management responsibility over staff members by making assignments and determining duties and priorities, evaluating employee performance, recommending incentives, initiating corrective actions, assuring safety, keeping employees informed at all times, counseling employees, etc.
7. Exercises continuing responsibility to effectively support the EEO/Affirmative Action Plan and communicating this support to subordinates, taking positive actions which will motivate and give opportunity to all personnel.
8. Ensures that extramural resources, both procurement (contracts) and assistance agreements (grants, cooperative agreements, and interagency agreements) are efficiently and appropriately managed to maximize use of the Agency's resources. Ensures that managers of these resources comply with regulatory requirements and the Agency's policies and procedures, and that they develop competencies in their extramural resources management staff.
9. Demonstrates leadership and commitment to management integrity as a top priority in the organization consistent with the Federal Manager's Financial Integrity Act. Oversees the development, assessment, and improvement of management control systems to safeguard programs and achieve mission results. Takes timely corrective actions on all identified management control weaknesses. Participates as needed in the Administrator's Senior Leadership Council and provides leadership in detecting emerging weaknesses in control systems. Supports a full disclosure policy for the organization that provides early detection of emerging control issues.

SUPERVISION

Receives general administrative and broad policy guidance from and reports to the Director, OTAQ. Within the framework of Federal laws and Agency policy, work is performed with a maximum of independence, subject only to review for attainment of overall objectives and compliance with broad policies.



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) GRUNDLER, H. CHRISTOPHE					2. Social Security Number (b) (6)		3. Date of Birth 10-22-00		4. Effective Date 10-22-00														
FIRST ACTION					SECOND ACTION																		
5-A. Code 790		5-B. Nature of Action REALIGNMENT			6-A. Code		6-B. Nature of Action																
5-C. Code UNM		5-D. Legal Authority AGEN DIR OR ORDER			6-C. Code		6-D. Legal Authority																
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																
7. FROM: Position Title and Number ES-0764 DEP DIR/MOBILE SOURCES					15. TO: Position Title and Number ES-0764 DEP DIR/MOBILE SOURCES																		
8. Pay Plan ES		9. Occ. Code 0801		10. Grade/Level 00		11. Step/Rate 04		12. Total Salary \$130200.00		13. Pay Basis PA		16. Pay Plan ES		17. Occ. Code 0801		18. Grade/Level 00		19. Step/Rate 04		20. Total Salary/Award \$130200.00		21. Pay Basis PA	
12A. Basic Pay 122200.00		12B. Locality Adj. 8000.00		12C. Adj. Basic Pay 130200.00		12D. Other Pay		20A. Basic Pay 122200.00		20B. Locality Adj. 8000.00		20C. Adj. Basic Pay 130200.00		20D. Other Pay									
14. Name and Location of Position's Organization 64011005 EPA,ASST ADMR FOR AIR & RADIATION, OFFICE OF MOBILE SOURCES, OFFICE OF THE DIRECTOR, IMMEDIATE OFFICE ANN ARBOR, MICHIGAN												22. Name and Location of Position's Organization 64012101 EPA,ASST ADMR FOR AIR & RADIATION, OFFICE OF TRANSPORTATION & AIR QUALITY DEPUTY OFFICE DIRECTOR, IMMEDIATE OFFICE ANN ARBOR, MICHIGAN											
23. Veterans Preference (b) (6)												24. Tenure 0				25. Agency Use 3		26. Veterans Preference for RIF (b) (6)					
27. FEGLI (b) (6)												28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0							
30. Retirement Plan 1 CSRS				31. Service Comp. Date (Leave) (b) (6)				32. Work Schedule F FULL TIME				33. Part-Time Hours Per Biweekly Pay Period 00											
34. Position Occupied 3												35. FLSA Category E				36. Appropriation Code 8031				37. Bargaining Unit Status 8988			
38. Duty Station Code 26-0150-161												39. Duty Station (City - County - State or Overseas Location) ANN ARBOR, MICHIGAN											
40. AGENCY DATA 001		41. 00-00-00		42.		43. V2M		44. 00-00-00 Y 01-23-94															
45. Remarks THIS POSITION IS DESIGNATED FOR DRUG TESTING (POSITION CODE *NS*)																							

46. Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY			50. Signature/Authentication and Title of Approving Official PERSONNEL MGMT SPECIALIST		
47. Agency Code EP 00		48. Personnel Office ID 3216		49. Approval Date 11-02-00	
5-Part 50-316					



SERVICE COMPUTATION DATE WORKSHEET

NAME OF EMPLOYEE <i>Grundler, H. Chris</i>		DATE OF BIRTH [REDACTED]			SSN# (b) (6) [REDACTED]		
NAME OF AGENCY		DATE OF APPOINTMENT			DATE OF SEPARATION		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY
<i>EPA</i>		<i>80</i>	<i>10</i>	<i>05</i>	<i>86</i>	<i>01</i>	<i>18</i> +1
<i>Energy</i>		<i>86</i>	<i>01</i>	<i>19</i>	<i>86</i>	<i>09</i>	<i>13</i> +1
<i>EPA</i>		<i>86</i>	<i>09</i>	<i>14</i>			
					<i>172</i>	<i>10</i>	<i>33</i>
NONCREDITABLE LWOP		<i>0</i>	<i>0</i>	<i>0</i>			
LAST CONTINUOUS EOD		<i>86</i>	<i>09</i>	<i>14</i>			
TOTALS		<i>252</i>	<i>20</i>	<i>38</i>			
TOTAL OF SEPARATION DATES		<i>172</i>	<i>10</i>	<i>33</i>			
SERVICE COMPUTATION DATE		<i>80</i>	<i>10</i>	<i>05</i>			
COMPUTED BY <i>Chaunta Gladney</i>					DATE <i>8/23/95</i>		
VERIFIED BY <i>Nirlando Gonzalez</i>					DATE <i>8-30-95</i>		
REMARKS Frozen Service: Frozen Military: TSP SCD: TSP Status Date: Retirement Code: Remark Code M38: M39:							



PERSONNEL SECURITY ACTION REQUEST

(See Privacy Act Statement on the back)

NAME OF CANDIDATE (Last, First, MI) Grundler, Hans Christopher		SOCIAL SECURITY NO. (b) (6)	DATE OF BIRTH (Month, Day, Year) (b) (6)
POSITION TITLE AND GRADE Director, Great Lakes National Prog.		OFFICE Chicago	PLACE OF BIRTH (City, State, Country) (b) (6)
STATUS <input type="checkbox"/> APPLICANT <input checked="" type="checkbox"/> EMPLOYEE	SERVICING PERSONNEL OFF Chicago	SUBMITTING OFFICE NO.	DUTY LOCATION Chicago, Illinois

POSITION SENSITIVITY

EPA FORM 1480-3, SECURITY ACKNOWLEDGMENT STATEMENT, MUST BE COMPLETED AND SIGNED BY THE EMPLOYEE AND FORWARDED TO THE SECURITY BRANCH ALONG WITH THIS FORM WHEN A SECURITY CLEARANCE IS REQUESTED.

CRITICAL SENSITIVE (Check appropriate box below for justification)		NONCRITICAL SENSITIVE	
(b) (6)	ACCESS TO TOP SECRET INFORMATION.	ACCESS TO SECRET OR CONFIDENTIAL INFORMATION OR TO AREAS RESTRICTED FOR SECURITY PURPOSES.	
DEVELOP OR APPROVE PLANS, PARTICULARS, OPERATIONS, OR ITEMS RELATED TO WAR, SUCH AS DEFENSE READINESS OFFICIALS, AIR DEFENSE LIAISON OFFICERS, AGENCY REPRESENTATIVES AT MILITARY COMMAND POSTS, ETC.		SPECIFY LEVEL OF CLEARANCE REQUESTED	
POLICY-MAKING OR POLICY-DETERMINING POSITIONS AFFECTING OVERALL OPERATIONS.		SECRET	OTHER (Specify)
INVESTIGATIVE DUTIES, THE ISSUANCE OF PERSONNEL SECURITY CLEARANCES, OR DUTY ON PERSONNEL SECURITY BOARDS.		CONF	
FIDUCIARY, PUBLIC CONTACT, OR OTHER DUTIES DEMANDING HIGHEST DEGREE OF PUBLIC TRUST.		"Q"	
ASSIGNMENT TO A FOREIGN SERVICE POST OR FOREIGN TRAVEL FOR PERIODS OF OVER 90 DAYS.		NONSENSITIVE	
		DUTIES DO NOT INVOLVE SENSITIVE FACTORS.	
		ADMINISTRATIVE FULL FIELD INVESTIGATION.	

PERSONNEL OFFICE SHOULD SUBMIT BELOW INFORMATION AS APPROPRIATE

- ☐ The file contains evidence of a NACI investigation conducted by _____ on _____.
- ☐ The file contains evidence of a full field/background investigation conducted by _____ on _____.
- ☐ Papers requesting a NACI for a _____ Noncritical _____ Non-sensitive position were sent to U.S. OPM on _____.
- ☐ No record of previous investigation.

SIGNATURE OF PERSONNEL OFFICIAL OR SUPERVISOR REQUESTING CLEARANCE/PROCESSING	DATE
---	------

TO BE COMPLETED BY SECURITY OFFICE ONLY

- (b) (6) It has been determined that the named individual has been investigated according to the requirements of E.O. 10450 and that employment by the agency is clearly consistent with the interests of the national security.
- A security clearance under E.O. 12065 is granted the subject of this request for access to national security information classified up to and including:
- It has been determined that the named individual has been satisfactorily investigated for a nonsensitive position under the provisions of Section 3(a) of E.O. 10450.

(b) (6)

SIGNATURE OF SECURITY OFFICIAL Brenda K. Bray, Chief, Personnel Security Staff	DATE 9/10/92
---	-----------------



NAME OF CANDIDATE (Last, First, MI) Grundler, Hans Christopher		(b) (6)	
POSITION TITLE AND GRADE Director, Great Lakes National Program Ofc.		OFFICE	PLACE OF BIRTH (b) (6)
STATUS <input type="checkbox"/> APPLICANT <input checked="" type="checkbox"/> EMPLOYEE	SERVICING PERSONNEL OFF Chicago	SUBMITTING OFFICE NO.	DUTY LOCATION Chicago, Illinois

POSITION SENSITIVITY

EPA FORM 1480-3, SECURITY ACKNOWLEDGMENT STATEMENT, MUST BE COMPLETED AND SIGNED BY THE EMPLOYEE AND FORWARDED TO THE SECURITY BRANCH ALONG WITH THIS FORM WHEN A SECURITY CLEARANCE IS REQUESTED.

(b) (6)	CRITICAL SENSITIVE (Check appropriate box below for justification)	(b) (6)	NONCRITICAL SENSITIVE
	ACCESS TO TOP SECRET INFORMATION.		ACCESS TO SECRET OR CONFIDENTIAL INFORMATION OR TO AREAS RESTRICTED FOR SECURITY PURPOSES.
	DEVELOP OR APPROVE PLANS, PARTICULARS, OPERATIONS, OR ITEMS RELAT- TO WAR, SUCH AS DEFENSE READINESS OFFICIALS, AIR DEFENSE LIAISON VICERS, AGENCY REPRESENTATIVES AT MILITARY COMMAND POSTS, ETC.		SPECIFY LEVEL OF CLEARANCE REQUESTED
	POLICY-MAKING OR POLICY-DETERMINING POSITIONS AFFECTING SMALL OPERATIONS.		SECRET
	INVESTIGATIVE DUTIES, THE ISSUANCE OF PERSONNEL SECURITY CLEARANCES, OR DUTY ON PERSONNEL SECURITY BOARDS.		CONFIDENTIAL
	ADJUDICARY, PUBLIC CONTACT, OR OTHER DUTIES DEMANDING HIGHEST DEGREE OF PUBLIC TRUST.		OTHER (Specify)
PERSONNEL OFFICE SHOULD SUBMIT BELOW INFORMATION IF APPROPRIATE		NONSENSITIVE	
<input type="checkbox"/> The file contains evidence of a NACI investigation conducted by _____ on _____. <input type="checkbox"/> The file contains evidence of a full field/background investigation conducted by _____ on _____. <input type="checkbox"/> Papers requesting a NACI for a _____ Noncritical _____ Nonsensitive position were sent to U.S. OPM on _____. <input type="checkbox"/> No record of previous investigation.		DUTIES DO NOT INVOLVE SENSITIVE FACTORS. ADMINISTRATIVE FULL FIELD INVESTIGATION.	

SIGNATURE OF PERSONNEL OFFICIAL OR SUPERVISOR REQUESTING CLEARANCE/PROCESSING

DATE

(b) (6) TO BE COMPLETED BY SECURITY OFFICE ONLY

It has been determined that the named individual has been investigated according to the requirements of E.O. 10450 and that employment by the agency is clearly consistent with the interests of the national security.

A security clearance under E.O. 12065 is granted the subject of this request for access to national security information classified up to and including: (b) (6)

It has been determined that the named individual has been satisfactorily investigated for a nonsensitive position under the provisions of Section 3(a) of E.O. 10450.

SIGNATURE OF SECURITY OFFICIAL
Brenda K. Bray, Chief, Personnel Security Staff

DATE

10/9/91



DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME—	(Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
	GRUNDLER	HANS	CHRISTOPHER	(b) (6)
DEPARTMENT OR AGENCY IN WHICH EMPLOYED				
U.S. ENVIRONMENTAL PROTECTION AGENCY, OFFICE OF SOLID WASTE & EMERGENCY RESPONSE				
(Department or agency) (Bureau) (Division)				

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no wise will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6)			

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

9/17/86 (Date of execution—month, day, year)	<i>[Signature]</i> (Signature of employee)
---	---

WITNESSES TO SIGNATURE:

(b) (6)

PRINT OR TYPE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYEE THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY.

H. CHRISTOPHER GRUNDLER (b) (6)	Received 09-17-86 EPA Claire J. Lyon (Indicate date and by whom received)
------------------------------------	--

IMPORTANT NOTICE—Order of Precedence

If there is no designated beneficiary living, any unpaid compensation which becomes payable after the death of an employee will be payable to the first person or persons listed below who are alive on the date title to the payment arises.

1. To the widow or widower.
2. If neither of the above, to the child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
4. If there be none of the above, to the duly appointed legal representative of the estate of the deceased employee, or if there be none, to the person or persons determined to be entitled thereto under the laws of the domicile of the deceased employee.

It is not necessary for any employee to designate a beneficiary unless he wishes to name some person or persons not included above, or in a different order.

INSTRUCTIONS

1. The examples printed on the back of the first page of this form may be helpful in executing the Designation of Beneficiary.

2. All entries on the form except signatures should be typed or printed in ink (typewriting preferred). All designations of beneficiary or beneficiaries should be executed on the prescribed form of Designation of Beneficiary, Standard Form 1152, and must be signed and witnessed.

3. Complete the form in duplicate and file with the agency in which employed. A Designation of Beneficiary must be received by the employing agency prior to the death of the designating employee to be valid. The duplicate will be noted and returned to the employee as evidence that the original has been received and filed. It is suggested that the duplicate be filed with the employee's important papers.

4. Cancellation of a prior Designation of Beneficiary may be effected without the naming of a new beneficiary by executing a new Designation of Beneficiary, Standard Form 1152, and inserting in the space provided for name of beneficiary the words, "Cancel prior designations." The effect of this action will require payment to be made in the order of precedence stated above.

5. A designation will remain valid until expressly changed or revoked, until the employee transfers to another agency, or until reemployed by the same or another department or agency of the Government. In case of separation and reemployment, or transfer to another agency, a new Designation of Beneficiary should be executed if the order of precedence established by the act is not acceptable. It is not necessary to file a new designation where the name or address of the employee or of beneficiary is changed.

6. A designation free of erasures or alterations should be filed in order to avoid a possible contest after death.

7. In the absence of the prescribed form, any designation, change, or cancellation of beneficiary witnessed and filed in accordance with the general requirements of these instructions shall be acceptable.

This Designation of Beneficiary form is to be used solely for the disposition of unpaid compensation at death of a civilian employee and is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, or Standard Form 54, Designation of Beneficiary, Federal Employees' Group Life Insurance Act of 1954.



DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME—	(Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
	GRUNDLER	H.	CHRISTOPHER	(b) (6)
DEPARTMENT OR AGENCY IN WHICH EMPLOYED				
DEPARTMENT OF ENERGY ENVIRONMENT, SAFETY + HEALTH ENVIRONMENTAL (Department or agency) (Bureau) (Division)				

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
---	--	--------------	--------------------------------------

(b) (6)

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

1-21-86

(Date of execution—month, day, year)

H. Christopher Grundler

(Signature of employee)

WITNESSES TO SIGNATURE:

(b) (6)

PRINT OR TYPE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYEE

H. CHRISTOPHER GRUNDLER

(b) (6)

THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY:

Rec'd 01-21-86 wrb

(Indicate date and by whom received)

DELTA

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue Williams, Indiana 46728	Sister	All

How To DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street Anniston, New York 14607	Aunt	One-fourth
Mary Joe Carson	230 Duke Street Anniston, New York 14607	Niece	One-fourth
Elizabeth H. Howard	2301 State Street Weaver, Ohio 44405	Mother	One-half

How To DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	244 South Ann Street Olney, Georgia 31204	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street Olney, Georgia 31204	Sister	All

How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as C. M. Jackson or as Mrs. John H. Jackson.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.



DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE.

IMPORTANT

Read instructions.
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

GRUNDLER H. CHRISTOPHER

DEPARTMENT OR AGENCY IN WHICH EMPLOYED:

ENVIRONMENTAL PROTECTION AGENCY
(Department or agency)

OWWM
(Bureau)

MDSD
(Division)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no wise will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
---	--	--------------	--------------------------------------

(b) (6)

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and, without knowledge or consent of the beneficiary.

11-04-80

(Date of execution—month, day, year)

Christopher Grundler
(Signature of employee)

WITNESSES TO SIGNATURE:

(b) (6)

PRINT OR TYPE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYEE

(b) (6)

THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY

E.P.A. Personnel
Rec'd 11-10-80
D.D. Lucas

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED